MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no.
10/590327

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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CLAIMS	U	integral (1)		A C		4.25

PTO - 1360 (REV. 11/04)

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TOTAL DEP.		+		+		+
TOTAL CLAIMS		6.454				E TO
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